



ILHIE Authority Advisory Committee

Meeting Minutes

February 14, 2012

Attendance

Name	Organization	Location
Year 1 Appointees		
Bill Odman (Co-Chair)	St. Mary's Good Samaritan	Telephone
Julie Bonello	Access Community Health Network	Chicago
Kelly Carter	Illinois Primary Health Care Association	Springfield
Carla Evans	UIC School of Dentistry; U IL Medical Center	Chicago
Roger Holloway	Northern Illinois University/IL-HITREC	Chicago
Peter Ingram	Sinai Health System	Telephone
Terri Jacobsen	Metropolitan Chicago Healthcare Council, MCHIE	Telephone
Patsy Jensen	Shawnee Health Systems	Telephone
Marvin Lindsey	Community Behavioral Healthcare Association of Illinois	Chicago
Patricia Merryweather	IFM-C	Telephone
Thomas Raskauskas	Meridian Health Plan	Telephone

David Stumpf	OPTUMInsight	Chicago
Year 2 Appointees		
Richard Baer	Provider Resources, Inc.	Telephone
Gerald DeLoss	Private Practice	Telephone
John Lewis	Northern Illinois University/Illinois Health Information Technology Regional Extension Center	Chicago
State of Illinois Employees		
Laura Zaremba	Office of Health Information Technology	Chicago
Mark Chudzinski	Office of Health Information Technology	Chicago
Mary McGinnis	Office of Health Information Technology	Chicago
Ian Bertorelli	Office of Health Information Technology	Chicago
Matt Schmidt	Office of Health Information Technology	Chicago
Danny Kopelson	Office of Health Information Technology	Chicago
Mary Driscoll	Illinois Department of Public Health	Chicago

I. Roll Call and Introductions

Mark Chudzinski, General Counsel of the Office of Health Information Technology (OHIT), opened the meeting of the Advisory Committee (“Committee”) of the Illinois Health Information Exchange Authority on February 14, 2012 at 1:05 pm, hosted at the State of Illinois J.R. Thompson Center in Downtown Chicago, with a telephone conference call-in number and video connectivity with 2200 Churchill Road, Conference room A-2, Springfield Illinois. It was noted that notice of the meeting and the agenda were posted on the OHIT website and at the Chicago meeting location no later than 48 hours prior to the meeting. Roll was taken, and the ability of those attending by telephone to hear and participate was confirmed. Bill Odman

the Committee Co-chair, welcomed the Committee members and members of the general public, who would be welcome to address the Committee during the Public Comments portion of the Agenda at the conclusion of the meeting.

II. Approval of Minutes

The minutes of the meeting of the Committee of January 17, 2012 were approved.

III. Ethics Training Follow Up

Mark Chudzinski stated that 50% of the Advisory Committee had completed the Ethics Training and 15 members had not finished the training as of yet. Those who had not completed were urged to complete the training and when finished to send the certification to Saroni Lasker of Illinois Office of Health Information Technology (OHIT).

IV. Open Meetings Act Training

Mark Chudzinski informed the Committee of the Open Meetings Act Training which they must complete. A one page instructional email will be sent to each member, there is a link on each page to the Attorney General's website and there at that site is a tutorial which after completion a certificate is awarded. This certificate should also be sent to OHIT.

V. ILHIE Authority Board Update

Bill Odman gave an update from the Authority Board. A sub-committee was formed with all the regional HIEs. Information on these meetings has been posted on the website. The purpose of the group is to define the relationship between ILHIE and the regional HIEs. A survey was conducted with the regional HIEs to see where they are in the planning and implementation process. White spaces (pockets of no HIE coverage) will hopefully be identified with the survey.

The regional HIEs are as follows;

Northern Illinois HIE
CIHIE (Central Illinois HIE)
Lincoln Land HIE
Illinois Health Exchange Partners
Health Information Exchange of Southern Illinois
Metropolitan Chicago Healthcare Council HIE

The question of competition between ILHIE and the regional HIEs was discussed and is a topic of concern. Some HIE representatives wanted to know whether HIEs would be allowed to hook up directly to ILHIE or via a Regional Extension Center (REC). This challenges the RECs to come up with value added services. They felt it was a good idea for the Advisory to identify future use cases.

David Stumpf - The way it was presented, RECs were looking to be the hub off of which everyone connects. This is not good architecture. Ideally you would want the State to be the integrating hub between the RECs and the providers. The RECs might not have the capabilities to be the main hub and it makes no sense and is cost ineffective to duplicate architecture to have the RECs be viable as a main hub. It is not competition, it is collaboration.

Mary McGinnis (OHIT) explained that HFS hopes to help communities coordinate care with their providers. Taking full advantage of the systems in place (ILHIE Direct Secure Messaging) and then the ILHIE was suggested.

VI. ILHIE Implementation Update

Laura Zarembo (OHIT) is pleased to report good progress in respect to implementation of the ILHIE Direct there are now 124 registered providers, 94 are active and additional 30 are in the process of registering. OHIT has incorporated suggestions in way of the identity verification process that were brought up at the last Advisory Committee meeting. OHIT is conversing with other states about “best practices” in regards to identity verification for Direct and hopes to implement them. The first phase of the “Whiteboard Sessions” with Intersystems Corporation the selected ILHIE technology implementation vendor has concluded but they will of course be continuing on as the ILHIE hits milestones in implementation.

VII. ILHIE Communications Update

Danny Kopelson (OHIT) Sent out 15,000 emails to providers including the ILHIE Direct News. OHIT communications and marketing is currently doing all of the Direct registration. CRM software is in place and that is being used to organize and store contact data for OHIT. Direct’s informational powerpoint presentation is on the ILHIE website and will be turned into a webinar. A FAQ list, as well as the Security and Privacy Guidelines are now posted on the site.

Communications is working with the RECs working on marketing Direct throughout the State. Besides registering users for Direct, the main challenge is to have people use the service because of the limited directory. Meaningful usage is a core challenge of the Communications Department of OHIT.

Danny and Cory Verblen (OHIT) are reaching out to the Direct users to

send letters to their most frequent and primary communication partners to get them to register for Direct to increase the usage and the directory. Danny asked for the Advisory Committee's assistance in spreading the news about Direct and sharing information provided to them by the OHIT Communications Department.

Projects the Communications Department is working on:

Patient Provider Newsletter

Professional Newsletter

HIE 101 Webinar

Marvin Lindsey (CBHA) stated that CBHA is sending a survey out to providers on HIT capacity the next day. The questions reference Direct and whether providers use or plan to use Direct. He will share the information gathered from the survey with the Advisory Board.

Mark Chudzinski (OHIT) explained how doctors using Direct are still subject to consent and confidentiality laws, just as they would be if they used a fax to exchange patient information.

David Stumpf expressed his concerns over Direct and feels it is not robust enough. He is worried that the family physicians signing up with Direct will not be inspired to go with the more powerful ILHIE later and that will cause trouble for them.

Mary McGinnis (OHIT) explained that Direct is a secure messaging (email) solution with attachments CCD exchanges, and PDFs. Direct is the first step to introduce exchange for providers and to lay down the ground work for a more robust system in the future. She also pointed out that the ONC as part of their grant has required Direct be put in place. She agrees that later on Doctors will have to upgrade their systems.

Pat Merryweather thinks that there is value in Direct especially for rural providers and for sending documents that otherwise would need to be sent via courier.

Elissa Bassler stated that Direct was already in place and so it makes sense for usage now, but there needs to be education to the providers that a more robust system is going to be needed later and an upgrade to the ILHIE necessary. She also stated that the consent laws are being reviewed right now and a year from now they most likely will be slightly different then and should be reviewed more carefully then rather than now.

VIII. Future Use Case Development

Use case examples are going to be discussed at the Authority Board's Committee of the Whole. It is presently anticipated that up for discussion and consideration there will be: one behavioral health use case, one telehealth use case, one children's health use case, and one prenatal care use case.

Bill Odman suggested that the Advisory Committee postpone talk of use cases until they have heard back from the Committee of the Whole findings so as to not duplicate work.

Bill Odman asked for a motion to postpone further discussion on the use cases until the next meeting of the Advisory Committee. Terri Jacobsen motioned and the motion was seconded. The motion was carried. Terri Jacobsen will present a use case summary from the Committee of the Whole meeting at the next Advisory Board meeting.

David Stumpf – The use cases described are complex high level cases with many tasks. David encourages the Committee to look at the National Quality Forum standards for task management in order to develop a successful use case in a computable format. This strategy will build fundamental capabilities.

Elissa Bassler – Wants to make sure that the qualities she thinks are important –the ability to monitor the quality of care and gather information about disparities and anomalies and best practices in health care are “gatherable” with the HIE.

General consensus on Elissa's concern - Stage two and three Meaningful Use will enable the user to gather much of this information. The HIE requirements will have to go the same way the Meaningful Use requirements will go in order to get meaningful use from the EHR (electronic health records).

For the next meeting, **Mary McGinnis** will share e-prescribing data she feels will be useful to the Committee, and **Terri Jacobsen** will present a summary of the use case discussion by the Committee of the Whole.

IX. Public Comment

There were no public comments in response to Mr. Odman's invitation for comments from any members of the general public in attendance.

Approved 4.3.2012

X. Adjourn

Meeting adjourned at 2:38PM.

The next meeting will be April 3rd 2012.

Minutes submitted by:

Saro Loucks, Office of Health Information Technology